	<b>m Number 5</b> ATE OF INDIANA					SUPERIOR/CIRCUIT COURT		
COUNTY OF				) SS: )	CASE NO			
IN RE	E THE _	(	OF:					
Petitio	oner,							
and								
Respo	ondent.	A	GREED	— ENTR	Y TO REDUCE	CHILD SUPPOR	Γ	
		_				IINOR CHILD(RE		
	COM	IES NOW _			, p	oro se, and	,	
and su	ubmit th	ne following to	erms as ev	idence	of their agreeme	nt in this matter:		
	1.	NAME				OF BIRTH		
	2.				_	that	pay child support to	
		in the	e weekly a	ımount	of \$ for the	above named child(	ren) effective on	
	3.	That since t	hat time, r	ny chil	d(ren) has/have b	ecome emancipated		
	4.	My child support payment should be reduced to reflect the emancipation of my child						
	5.			will pay child support to			in the amount	
	of \$_	pe	r week for	r the ab	ove named child	(ren).		
	(Sign	your name)			(Other s	ide signs their name	)	
	(Print	(Print your name)			(Other s	e)		
	(Writ	e the date)			(Other s	ide writes the date)		
advise						2	the Court, after being duly brated into this Order.	
	So or	dered this	day of _		, 200_	<u>_</u> .		
				Judge			Court	